

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 91123.07001
Application Number: 10/582,318		Filed: 30 April 2007
For: Syringe Driver Housing		
Art Unit: 3767		Examiner: Bhisma Mehta
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65 \$ _____
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490	\$245 \$ _____
<input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110	\$555 \$ <u>555</u>
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730	\$865 \$ _____
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350	\$1175 \$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1943.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038		
I am the <input type="checkbox"/> applicant / inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/95).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>27,223</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
<u>/Charles N. Quinn/</u> Signature		<u>4 December 2009</u> Date
<u>Charles N. Quinn</u> Typed or printed name		<u>610-458-4984</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		